# *HealthSelect*

## 2005 HEALTHSELECT SUMMARY PLAN DOCUMENT

**Customer Service**
**1-800-244-6224**
***Hours: 8 a.m.-6 p.m. Monday-Friday***

# HealthSelect

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# WELCOME TO HEALTHSELECT!

Thank you for choosing HealthSelect as your health plan. This HealthSelect Summary Plan Document is designed to answer your questions regarding calendar year 2005 services, benefits and procedures. Please keep it in a safe and convenient place for quick reference.

# INTRODUCTION

HealthSelect is a health plan sponsored and managed by Maricopa County and administered by CIGNA HealthCare for the medical benefit. The pharmacy benefit is selected separately, managed by Maricopa County and administered by Walgreens Health Initiatives (WHI). For details, please refer to the "Prescription Drug Benefit Plan Document," which can be accessed via the Walgreens Health Initiatives link on the County's Benefits home page. HealthSelect is a managed care plan specifically designed for Maricopa County and Special Health Care District employees and their covered dependents and retirees. The plan administrator is the Total Compensation Department, Employee Health Initiatives Division, 301 W. Jefferson St., Suite 201, Phoenix, AZ 85003.

**The Maricopa Integrated Health System (MIHS) Health Plan** supplies HealthSelect's provider network, which includes 11 FHCs, a network of private practice primary care and specialist physician offices, urgent care centers and 15 hospitals throughout Maricopa County. See the "HealthSelect Provider Directory" for a listing of approved providers.

All care received by HealthSelect members must be provided by HealthSelect's approved network physicians, hospitals and ancillary providers. This rule is waived only in the event of an emergency when members may receive emergency care from any appropriate provider anywhere in the world.

# HEALTHSELECT SUMMARY PLAN DOCUMENT

We would like to be responsive to you, our customer, by providing high quality care through HealthSelect. You can help us achieve this by learning to become an effective utilizer of health care services. The HealthSelect Summary Plan Document outlines information you need to know in order to get the most from your health plan. Please keep it in a safe and convenient place for quick reference. Information is also available online:

Intranet Link: http://ebc.maricopa.gov/hr/benefits/default.asp?link=healthselect
Internet Link: http://www.maricopa.gov/benefits/default.asp?link=healthselect

The HealthSelect contract year begins Jan. 1, 2005 and ends Dec. 31, 2005. All benefits and services discussed in this document are applicable to this contract year only.

# DEFINITIONS

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| **Acupuncture** | A therapy developed in East Asia using needles, heat and electrical stimulation to direct body energy. Acupuncture is used worldwide as a medical treatment for influencing nerve, muscle and organ activity. |
| **Approved Provider** | (Also referred to as "contracted or participating provider") The HealthSelect physician, institution, hospital, ancillary professional or vendor contracted to fulfill conditions of participation for delivery of care and services to health plan members. |
| **Authorization** | (Also referred to as "prior authorization") An administrative process whereby CIGNA HealthCare prospectively reviews requested medical services to determine medical necessity and appropriateness. |
| **Contract** | The **HealthSelect Summary Plan Document** provided to the member during the period of membership. |
| **Contract Year** | The calendar year from Jan. 1 through Dec. 31. The contract year begins on the effective date of member enrollment and ends on Dec. 31. |

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| **Copayment/Coinsurance** | The amount a member pays directly to the HealthSelect approved health care provider at the time covered services are provided. Copayment/coinsurance is usually collected by the provider prior to receiving services and is not reimbursable. |
| **CIGNA HealthCare Customer Service Department** | The Customer Service Department is available to answer your telephone calls regarding covered services, benefits, access to services, claims payment or status, and any type of concern about HealthSelect. Please identify yourself as a HealthSelect member of network AZ904. |
| **Dependent(s)** | Persons in a subscriber's immediate family, such as a legal spouse and eligible children, who can be covered by the plan. Your unmarried children can be covered if less than 19 or, if a full time student at an accredited institution of higher education, up to the age of 25. The educational institution determines a student's full time status. You will be asked for proof of continued registration as a full time student. Failure to provide proof will result in dependent's disenrollment from HealthSelect. |
| **Emergency** | The sudden onset of a medical condition that, in the absence of immediate medical attention, could be expected to result in:<br>1. Loss of life;<br>2. Serious impairment of bodily function;<br>3. Loss or serious dysfunction of any bodily organ or part; or<br>4. Placing the member's health in serious jeopardy. |
| **Full Time Student** | An unmarried dependent, up to, but not more than, 25 years of age, who attends an accredited college, university, technical school or other institution of higher learning following graduation from high school and meets full time requirements of that institution. |
| **HealthSelect** | A managed care health plan sponsored and managed by Maricopa County and administered by CIGNA HealthCare to provide coverage for Maricopa County and Special Health Care District benefit-eligible employees, dependents and retirees. |
| **Homeopathy** | A system of medicine that strives to treat disease by stimulating the body's own defense and repair systems with highly diluted doses of medication. |
| **Homeopathic Medicines** | Homeopathic medicines are drug products made by homeopathic pharmacies in accordance with the processes described in the *Homeopathic Pharmacopoeia of the United States*, the official manufacturing manual recognized by the Food and Drug Administration. |
| **Maricopa Integrated Health System (MIHS)** | An agency within Maricopa County's Special Health Care District that operates an integrated health care delivery system consisting of the Maricopa Medical Center (MMC) and 11 FHCs. |
| **Medically Necessary and Medical Necessity** | All health care and services received by HealthSelect members must be medically necessary and conform to the following criteria of medical necessity:<br>• The disease or condition considered for treatment is one in which the safety and effectiveness of the proposed therapy has been demonstrated and documented;<br>• The stage of disease or condition is such that therapy can affect the outcome in a positive manner; and<br>• The recipient of care has no other conditions that substantially reduce the potential for successful recovery. |
| **Member** | A benefits-eligible Maricopa County or Special Health Care District employee or an eligible dependent or retiree who is enrolled in HealthSelect. |
| **Osteopathic Manipulation / Craniosacral Therapy** | The subtle movement /manipulation of body parts, including muscle, bone and connective tissue, to re-establish a healthy balance between organ systems and the nervous system. |
| **The Plan** | Refers to HealthSelect, the managed care health plan for Maricopa County or Special Health Care District employees, as previously defined in this HealthSelect Summary Plan Document. |
| **Primary Care Physician (PCP)** | A physician, such as family practice, internal medicine or pediatrician, who is responsible for the overall management of a member's health care. During pregnancy, the member's obstetrician assumes the role of PCP for the term of the pregnancy and postpartum care. |

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| **Provider Network** | Physicians, hospitals, ancillary providers and other health care vendors approved by or contracted with HealthSelect to provide care and service to its members. HealthSelect delivers services through its approved provider network: MIHS, which includes MMC, 11 FHCs, the Comprehensive Healthcare Center at MMC and a network of other hospitals and private practice physicians. |
| **Subscriber** | The benefits-eligible Maricopa County or Special Health Care District employee or retiree who enrolls in HealthSelect. |
| **Urgent** | A condition requiring medical attention within a few hours or the same day which is not immediately life threatening or severe, but for which delay of service, until the member can be treated by his/her primary care physician, would be detrimental. |

# MEMBER RIGHTS AND RESPONSIBILITIES

### Member Rights

***You Have the Right To:***

- Receive the services and benefits outlined in the HealthSelect Summary Plan Document.
- Choose a PCP from the approved provider network.
- Be treated with respect and dignity.
- Expect confidentiality of all information, including medical records, unless required by law. You may review your medical records as allowed by federal and state laws.
- Privacy during treatment.
- Know the name and credentials of professionals providing treatment, information about diagnoses, treatment options and expected results.
- Participate in decisions about the kind of care you receive.
- Refuse any treatment and be informed of the consequences of **not having** the treatment.
- Register complaints and have them heard and resolved.

### Member Responsibilities

***It Is Your Responsibility To:***

- Select a PCP upon enrollment. Contact the CIGNA HealthCare Customer Service Department to change a PCP.
- Present your membership identification (ID) card when receiving care or treatment.
- Pay the applicable copayment at the time care or treatment is given.
- Arrive at your appointment on time.
- Cancel your appointment 24 hours in advance if you cannot keep the appointment.
- Utilize the approved provider network, except in emergency situations.
- Schedule appointments with your PCP rather than using emergency or urgent care facilities for non-emergent/non-urgent conditions or illnesses.
- Give true and complete facts about your health, inform your physician of any unexpected changes in your condition and follow the prescribed treatment regimen.
- Treat providers and their staff with dignity and respect.

# HELPFUL HINTS

- Always show your HealthSelect ID card when you present for care at a contracted physician's office, clinic, hospital or other HealthSelect care provider.
- Call your PCP to schedule your initial visit before you become ill. This will allow you to get to know your PCP and for your PCP to assess your overall health status soon after you are enrolled in HealthSelect.
- Be sure to have your medical records transferred immediately when you change your PCP.
- Notify your department's Human Resources (HR) Liaison or the HR Department to report any change of address, telephone number, etc. Also notify your PCP of these changes.
- Always arrive at your appointment approximately 15 to 30 minutes ahead of your appointment time. This will allow you the opportunity to sign in and verify your insurance information in advance of your appointment time.
- Always contact your PCP during normal business hours, 8 a.m. to 5 p.m., if you have urgent health care needs. Your PCP will either request that you come to his/her office or direct you to an urgent care center or Emergency Room depending on the severity of your illness, injury or medical condition. Or call the 24-Hour Health Information Line for assistance at 800-244-6224.

# MEMBERSHIP IDENTIFICATION (ID) CARDS

HealthSelect provides members with an ID card that includes their name, ID number, certain copayment information, group name and number, PCP name and phone number, customer service phone number and claims submission address.

Each covered person will receive an individual ID card. The subscriber and dependents will have one ID number that is systematically generated by CIGNA HealthCare. That ID number will be cross-referenced to your Social Security Number or alternative ID number on file with the Maricopa County Employee Health Initiatives (EHI) Division Office.

You should carry your member ID card with you at all times. Your HealthSelect member ID card is required to be shown for all health care services.

Permitting someone else to use your membership card to obtain services is prohibited and will result in termination of your coverage and recovery of the cost of any services rendered. If your card is lost or stolen, please call the Maricopa County EHI Division (Benefits Office) of Total Compensation at 602-506-1010.

# CHOOSING YOUR PRIMARY CARE PHYSICIAN (PCP)

Most medical services are provided or coordinated by your PCP, including referrals to specialists and hospitalizations. **If you do not choose a PCP, you will be assigned one.**

If you wish to change your PCP, please contact the CIGNA HealthCare Customer Service Department at 800-244-6224.

Refer to the provider directory to choose your PCP. Your PCP must approve all your medical care. Failure to obtain PCP referral and approval for medical care rendered, except where specifically stated, will result in non-coverage, and the cost of such care is your responsibility.

# HOW TO ACCESS SERVICES

Most medical services are provided and/or coordinated by your PCP, including referrals to specialists and hospitalizations. You do not need a PCP referral or prior authorization in order to access the following providers:

- Pediatricians
- Family Practitioners
- Internists
- Obstetricians/gynecologists (OB/GYN)
- Alternative Medicine

Please contact your PCP or CIGNA HealthCare Customer Service Department for information on how to access specific medical services.

It is necessary to make an appointment each time you see your PCP or specialist. It is your responsibility to call and cancel within 24 hours of your appointment date and time if you will not be able to keep your appointment. Failure to do so may result in your being liable for the cost of the office visit.

# HOW TO SET UP A PHYSICIAN'S APPOINTMENT

1. Have your HealthSelect ID card with you when you call for an appointment.
   You will need to give the office receptionist the ID number on the card.
2. Tell the receptionist your:
   - Name
   - ID number from your ID card
   - PCP's name
   - Reason for requesting an appointment (If urgent "same day" treatment is required, let the receptionist know, as you may be transferred to a triage nurse.)
3. On the day of your appointment:

- Be on time
- Show your ID card
- Pay the applicable copayment

4. **Be sure to call and cancel your appointment at least 24 hours in advance if you cannot keep it**. This will give someone else the opportunity to get an appointment.

You do not need a PCP referral from HealthSelect or prior authorization from CIGNA HealthCare in order to access pediatricians, family practitioners, internists, obstetricians/gynecologists (OB/GYN) or alternative medicine providers.

For all other approved and contracted specialists you do not need HealthSelect's prior authorization. However, **you will need a referral from your PCP**. For all non-contracted providers, you must receive a prior authorization from CIGNA HealthCare. Prior authorization may be requested by calling the CIGNA HealthCare Customer Service Department. If you need to cancel an appointment with a specialist, please notify your PCP and the specialist.

# URGENT CARE SERVICES

Urgent care refers to a condition requiring medical attention within a few hours or the same day; which is not immediately life threatening or severe, but for which delay of service, until the member can be treated by his/her PCP, would be detrimental.

### *To Obtain Urgent Care Services*

You are expected to receive urgent care from your PCP, Monday through Friday, 8 a.m. to 5 p.m. If your PCP is unable to see you, and your medical need is urgent, call the CIGNA HealthCare 24 Hour Health Information Line at 800-244-6224 for advice, or go to an FHC or a contracted urgent care facility. By calling the 24-Hour Health Information Line, you may speak with a registered nurse who can respond to your health care questions, direct you to the nearest participating medical facilities or provide suggestions for helpful home care that may comfort you until you see your doctor. No prior authorization is needed for members to access urgent care services; however, claims for non-urgent services provided at an urgent care facility will not be covered by HealthSelect.

If you require urgent care after your PCP's office has closed, both the FHCs and private practice physicians' offices have answering services to assist you in reaching your PCP. You may also call the 24-Hour Health Information Line for advice or receive care at an FHC with extended hours or a contracted urgent care facility. For locations and hours of operation of the extended-hours FHCs and contracted urgent care facilities, call the CIGNA HealthCare Customer Service Department at 800-244-6224.

### *Non-Emergency Hospitalization*

Should you require non-emergency hospitalization, your PCP or specialist will help you select the most appropriate hospital setting. Consult with your PCP or specialist to determine which hospital-based services are available at a given hospital facility. Every service may not be available at every network hospital. CIGNA HealthCare and your physician must provide prior authorization for all scheduled admissions. . In the event of a medical emergency, go to the nearest hospital. See "Appropriate Use of a Hospital Emergency Room" below.

# EMERGENCY SERVICES

An emergency is defined as the sudden onset of a medical condition such that the absence of immediate medical attention could be expected to result in loss of life, serious impairment of bodily function, loss or serious dysfunction of any bodily organ or part or placing the member's health in serious jeopardy.

**In an emergency, seek care immediately. Go directly to the nearest hospital or call 911. You do not need prior authorization from CIGNA HealthCare to seek emergency care services. Call your PCP (or have someone call for you) as soon as possible, within 48 hours, for further assistance and directions on follow-up care. If you are admitted to the hospital, request that within 24 hours of admission they notify the CIGNA HealthCare Customer Service Department at 800-244-6224 for authorization.**

If you go to an emergency room (ER) you will be required to make a copayment. If you are admitted directly from the ER to the hospital for more than 23 hours, the copayment will be waived.

# APPROPRIATE USE OF A HOSPITAL EMERGENCY ROOM

**Reasons to go to the ER:**

- Chest pain
- Trouble breathing or stopped breathing
- Deep cuts or bleeding that you cannot stop
- Drug overdose or poisoning, or a suicide attempt
- Seizures that are not usual for you
- A major car accident
- A possible broken bone
- Gunshot or stab wound
- If you are pregnant and have severe pain or bleeding with passage of clots
- Serious electric shock or lightning injury
- Stroke symptoms such as numbness or paralysis of an arm or leg, suddenly slurred speech, lack of responsiveness or severe headache
- Choking which you cannot stop
- A child older than 2 months who has a fever of 101 degrees or higher
- A child younger than 2 months who has a fever of 103 degrees or higher

**Reasons NOT to go to the ER:**

- Routine health care
- Chronic back pain or lumbago
- Toothache
- Broken teeth
- Earaches
- Teething
- Minor persistent headaches
- Removal of stitches
- Body aches, colds, coughing or sore throat
- Sunburns or minor cooking burns
- Hay fever and sinus problems
- Minor injuries
- Diaper rash

**A hospital emergency room should only be used for true emergencies.** If you are not having a true emergency, call your PCP or his/her triage nurse first to discuss your condition and obtain advice. Assistance is available 24 hours a day by calling the CIGNA HealthCare Customer Service Department at 800-244-6224 and connecting with the 24-Hour Health Information Line. You will speak with a registered nurse who can respond to your health care questions, direct you to the nearest participating medical facilities or provide suggestions for helpful home care that may comfort you until you see your doctor. HealthSelect will not be responsible for any charges resulting from non-emergent use of the ER and you will be liable and responsible for such charges. CIGNA HealthCare will determine non-emergency use of the ER.

**Your ER copayment is due at the time services are rendered. If you are admitted to the hospital for longer than 23 hours as a result of your ER visit, the copayment is waived.**

# OUT-OF-AREA EMERGENCY SERVICES

If you are a HealthSelect member traveling outside Maricopa County and you experience an urgent health problem, it is permissible to use a local physician, urgent care facility when appropriate or a hospital ER in an emergency situation. Upon arrival at the facility, show the staff your HealthSelect ID card. The phone number on the reverse side of the card tells the health care providers whom to call to obtain your eligibility and benefit information. If you are treated in the ER while out of area and are subsequently admitted, **you must** notify CIGNA HealthCare within 48 hours of the admission by calling the CIGNA HealthCare Customer Service Department at 800-244-6224. Failure to properly notify CIGNA HealthCare within 48 hours of treatment may result in denial of payment to the provider for these services. CIGNA HealthCare will determine if the services are considered urgent or emergent. If you are pregnant and travel outside of Maricopa County within 30 days of your due date, your delivery at a non-network hospital may not be covered.

Full-time students and dependents 18 to 25 who are attending an institution of higher learning outside Maricopa County are covered for emergency and urgent care services ONLY. Urgent care provided at a student health center for a non-urgent condition is not covered.

Out-of-area providers may ask you to pay your health care bill after receiving services. If approved by CIGNA HealthCare, you will be reimbursed for all covered costs associated with an emergent or urgent care episode of treatment by presenting a copy of your receipt and medical documentation from the provider as proof of emergent or urgent care that has been rendered.

Send the original receipt, copies of the medical records, your current address, home phone number and daytime phone number to:

CIGNA HealthCare
P.O. Box 182223
Chattanooga, TN 37422-7223

**Please remember that routine, non-emergency and non-urgent care is not covered services from HealthSelect when you are out of HealthSelect's service area (outside Maricopa County). HealthSelect will not reimburse the member for such costs.**

# MEMBER COPAYMENTS

HealthSelect members are responsible for making copayments at the time services are received. It is not an accepted practice for providers to bill members for copayments. HealthSelect members should be prepared to make the copayment when they arrive at the service site. Please see the "Standard Benefits Summary" of this Summary Plan Document.

# COVERED BENEFITS

Covered benefits are listed in the "Benefit Highlights", "Standard Benefits Summary", "Supplemental Benefits Summary" and "Additional Description of Benefits" sections of this document.

# COORDINATION OF BENEFITS

If you or your dependents are entitled to benefits under another group health insurance, HealthSelect will follow the customary coordination of benefits processing, following National Association of Insurance Commissioners (NAIC) guidelines, which entails billing other health insurance companies for applicable benefits.

# DENIAL OF COVERED BENEFITS

HealthSelect will not approve or authorize payment in the following situations:

A. The service is not a covered benefit of HealthSelect. Refer to the "HealthSelect Standard Benefits Summary" section for covered benefit descriptions and a listing of all health plan limitations. Refer to the "Exclusions" section for benefit exclusions.
B. The service is a covered benefit but the benefit limitation has been reached.
C. The service is not medically necessary. Refer to the "Definitions" section in this booklet.
D. The service is provided by a health care professional, institution or other vendor not approved by or contracted with HealthSelect, and the care or service was not related to an emergency or urgent care service.
E. The service is for routine medical care but was provided in an ER or urgent care facility. ER services are for emergencies **only** and urgent care facility services are for urgent problems **only**. No other kind or type of care is covered in an ER or urgent care facility.
F. The service is a covered benefit which requires prior authorization before service is received, but your provider did not obtain prior authorization from CIGNA HealthCare.

# COMPLAINT AND APPEALS PROCESS

## *Start with Customer Service*

If you have questions about coverage or are experiencing a problem, call the CIGNA HealthCare Customer Service Department at 800-244-6224. A representative will try to resolve the matter during the call. If you are unsatisfied with the response, you can begin the appeals process.

## *How to Request an Appeal*

For denials of medical service or claim payments, HealthSelect has a formal, two-step appeals process. To begin, call CIGNA HealthCare Customer Service at 800-244-6224. Tell the representative about your situation and why you believe the first decision should be reconsidered. Be sure to give the representative any documentation that supports your position. Someone not involved in the initial decision who can take corrective action, if appropriate, will review your appeal. Decisions will be consistent with the benefits, limitations and exclusions outlined in your "Summary Plan Document."

If your situation requires urgent care, the review and response will be completed within 72 hours. Otherwise, you will receive a written response within 30 days. If you're not satisfied with the first appeal review decision, you can request a second appeal review. In most cases, an appeals committee will conduct the second review. The committee will consist of at least three people, and no committee member will have been involved in any prior decisions concerning your situation. You will be notified in advance as to when the meeting will occur, and you, or your representative, can present your situation to the committee by phone. The committee will notify you of the decision within five days.

For urgent care situations, the appeals committee will not handle the second appeal review. Instead, a doctor who is familiar with the requested treatment and care will be involved in the review, and you will receive a decision within 72 hours of your request.

## *Other Remedies*

If you are not satisfied with our response, other remedies may be available to you. Your employer may provide a final review of your situation.

Before pursuing arbitration or legal action, you must complete the CIGNA HealthCare appeals process. To learn more about the appeals process, call CIGNA HealthCare Customer Service at 800-244-6224.

HealthSelect grievances and appeals should be sent to:

CIGNA HealthCare Appeals
P.O. Box 182223
Chattanooga, TN 37422-7223

The Grievance and Appeals Coordinator will acknowledge receipt within five days. Grievances must be filed no later than 60 days after the date of action, decision or incident to which they pertain. The Grievance Committee will:

- Review all the records and written material related to the case.
- Interview the member registering the grievance (if appropriate).
- Make the final grievance decision, after which the member will be notified in writing of the decision.
- Participate in the decision to grant an extension. If, on the 45$^{th}$ day following the filing of the grievance, it appears additional time is required to review the case, a letter will be sent to the grievant requesting a 30-day extension. All parties must agree to the extension or the final decision will be made within the 60-day time limit.

CIGNA HealthCare has the sole discretion to determine whether you are eligible for benefits under any medical option and the amount of any benefit to which you might be entitled, as well as to interpret any of the plan's provisions, including ambiguous and disputed terms to make any related factual determinations. CIGNA HealthCare's determinations and interpretations are final and binding on all parties.

# TERMINATION BY CAUSE

HealthSelect membership will be terminated when a subscriber or member:

A. Fraudulently uses HealthSelect services or knowingly permits fraudulent use of HealthSelect services by another person.
B. Refuses to pay required copayments.
C. Behaves in a manner that disrupts and/or prevents a health care provider from servicing the subscriber, member and/or other patients in a safe manner. Violent outbursts, verbal and/or physical threats of violence and/or possession of a weapon within the health care setting are examples of some, but not all, situations that will result in immediate termination of a HealthSelect member.

The subscriber and his or her dependents, not just the disruptive member, may be terminated from the health plan if any of the above situations occur. Termination of HealthSelect membership requires that your employer (Maricopa County or the Special Health Care District) be notified of the member name, date and reason for termination.

# TERMINATION OF EMPLOYMENT

If you leave your employment, you and your dependents are entitled to continue HealthSelect coverage under federal COBRA provisions. See "COBRA Coverage" section. Please contact your benefits manager (Maricopa County EHI Division of the Total Compensation Department) regarding COBRA and continuation of coverage requirements.

# NOTIFICATION OF CHANGE

You must notify the Maricopa County EHI Division by completing a change form and submitting appropriate third party documentation within 30 calendar days of the event in order to:

A. Add a dependent through marriage, birth or adoption; or
B. Drop coverage for a dependent due to a divorce or for a dependent who exceeds the dependent age limit.

To change your name, address and/or phone number, you may submit a change using the PeopleSoft self-service function via the EBC/intranet at http://my.maricopa.gov or the Internet at https://my.maricopa.gov, or you can notify your HR Liaison or the HR Department.

# COVERAGE UNDER HEALTHSELECT

A. Your spouse and/or your unmarried dependent natural and adopted children, stepchildren, children who have been placed for adoption and children for whom you or your spouse are the court-ordered legal guardian, can be covered under HealthSelect. Children are considered dependents only through 18 years of age or up to 25 years of age if a full time student.

   If your unmarried children ages 19 or older are full time students at a college, university, technical school or other institute of learning, they can continue their coverage up to 25 years of age. You must show proof of their continued registration as full time students.

   Disabled children over the age of 18, primarily supported by you and not capable of self-sustaining employment, may remain eligible as a dependent with periodic proof of disability as long as the disability began prior to age 19 or if the disability began during the time the dependent was a full time student.

B. A full-time HealthSelect student 19 years of age or up to the age of 25 who is attending a college, university, technical school or institute of learning, is covered for emergency and urgent care while outside Maricopa County. Although full coverage is not available for student dependents while attending school outside Maricopa County, HealthSelect offers a premium reimbursement benefit for purchased student health insurance. The benefit provides a reimbursement of up to $125 per student per semester per year. To access this benefit, you must provide proof of student health insurance purchased and proof of full time student status outside Maricopa County. Submit these documents to:

   Employee Health Initiatives
   301 W Jefferson St., Suite 201
   Phoenix, AZ 85003

   You will receive a check within eight to 12 weeks of HealthSelect's receipt of paid student health insurance and proof of student's full time status at an educational institution outside Maricopa County.

C. Pursuant to state law, dependents who live outside Maricopa County (the HealthSelect service area) for whom you are responsible for insuring under a court order (legal separation, divorce or custody decree) can be covered under HealthSelect. However, all members may use only HealthSelect contracted providers within HealthSelect's service area (Maricopa County). Therefore, members and covered dependents can be covered when outside Maricopa County only in the event of a medical emergency or urgent care situation. You must provide a copy of the written

court decree to your employer (the EHI Division). Generally, if it is impracticable to expect the dependent to receive services within the HealthSelect service area, you will be required to change to another plan that offers out-of-network services such as the CIGNA Point of Service or Preferred Provider Organization product.

D. **Pregnancy and Delivery.** After a positive pregnancy test ($10 copayment), all subsequent prenatal care visits (first through ninth month) and the postpartum visit (six-eight weeks after delivery) have no copayment. Each pregnant HealthSelect member is encouraged to seek early and continuous prenatal care to ensure a healthy outcome and to enroll in the Healthy Babies program for prenatal guidance by calling CIGNA HealthCare Customer Service at 800-244-6224.

   The HealthSelect member's newborn is automatically covered for 30 days. However, for continued coverage, during those 30 days you must contact and complete the required enrollment/change form with the Maricopa County EHI Division Benefits Office to add the newborn to HealthSelect if the newborn meets HealthSelect's dependent eligibility requirements. This ensures that the baby receives full benefits after the 30th day. Premium from the date of birth is required if the newborn is enrolled for continuing coverage after the first 30 days. A newborn grandchild (the child of a HealthSelect dependent) is not eligible as a dependent unless the subscriber shows proof of legal guardianship. A HealthSelect dependent will not be covered unless the HealthSelect subscriber is the newborn's legal guardian.

E. **Subrogation/Right of Reimbursement.** As a condition to receiving benefits under this plan, covered person(s) agree to transfer to the plan their rights to recover damages to the extent of benefits paid by the plan when an injury or illness occurs through the act or omission of another person. If a covered person(s) receives payment from another person or business entity on account of an injury or illness, covered person(s) agrees to reimburse the plan to the full extent of benefits paid. A repayment agreement is required to be signed. All rights of recovery are transferred to the plan regardless of whether it is actually signed. It is only necessary that the injury or illness occurs through the act or omission of another person. The plan's rights of full recovery may be from a third party, any liability or other insurance covering the third party, the covered person'(s) own uninsured motorist insurance, underinsured motorist insurance, any medical payments, no-fault or school insurance coverages which are paid or payable. The plan may enforce its reimbursement rights by requiring the covered person(s) to assert a claim to any of the foregoing coverages to which he/she may be entitled. The covered person(s) shall provide all requested accident and insurance information to plan representatives. The plan shall not be required to pay any portion of the covered person'(s) attorneys' fees or other costs associated with a lawsuit.

F. **Recovery of Payments.** The plan reserves the right to deduct from any benefits properly payable under this plan the amount of any payment that has been made:
   1. in error;
   2. pursuant to a misstatement contained in a proof of loss; or
   3. pursuant to a misstatement made to obtain coverage under this plan; or
   4. with respect to an ineligible person; or
   5. in anticipation of obtaining a recovery in subrogation if a covered person fails to comply with the provision of "Paragraph E" above; or
   6. pursuant to a claim for which benefits are recoverable under any policy or act of law providing for coverage for occupational injury or disease to the extent that such benefits are recovered. This provision shall not be deemed to require the plan holder to pay benefits under this plan in any such instance.

   Such deduction may be made against any claim for benefits under this plan by a covered person if such payment is made with respect to such covered person.

# COBRA COVERAGE

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the new law. **(Both you and your spouse should take the time to read this notice carefully.)**

If you are an employee of Maricopa County or the Special Health Care District covered by the County's medical, dental or health care reimbursement account, you have the right to choose this continuation coverage if you lose your group health

coverage because of a reduction in your hours of employment or termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by Maricopa County's group medical or dental plans, you have the right to choose this continuation coverage if you lose your group health coverage for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by Maricopa County's group health plans, he/she has the right to continuation coverage if he/she loses group health coverage under the medical, dental or health care reimbursement account for any of the following five reasons:

1. The death of a parent;
2. A termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment;
3. A parent's divorce or legal separation;
4. A parent becomes entitled to Medicare;
5. The dependent child ceases to be a dependent child as defined under the employer's group health plans.

Under the law, the employee or a family member is responsible for informing the plan administrator, Maricopa County Employee Health Initiatives Division of the Total Compensation Department, within 60 days of the date of the event or the date in which coverage would end under the plan because of the event, whichever is later. Maricopa County is responsible for notifying the COBRA administrator of the employee's death, termination, reduction in hours of employment or Medicare entitlement. Similar rights may apply to certain retirees, spouses and dependent children if your employer commences a bankruptcy proceeding and these individuals lose coverage.

When the COBRA administrator is notified that one of these events has happened, the COBRA administrator will in turn notify you that you have the right to choose continuation coverage. Under the law, you have 60 days from the date you would lose coverage because of one of the events described above or the date notice of your election rights is sent to you, whichever is later, to inform the COBRA administrator that you want continuation coverage.

If you do not choose continuation coverage, your group health insurance will end.

If you choose continuation coverage under COBRA, Maricopa County is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of termination of employment or a reduction in hours. In that case, the required continuation coverage period is 18 months. These 18 months may be extended to 36 months if other events (such as death, divorce, legal separation or Medicare entitlement) occur during that 18-month period.

The 18 months may be extended to 29 months if an individual is determined (under Title II or XVI of the Social Security Act) to have a disability and the COBRA administrator is notified of that determination within 60 days. The affected individual must also notify the COBRA administrator within 30 days of any final determination that the individual no longer has a disability. In no event will continuation coverage last beyond three years from the date of the event that originally made a qualifying beneficiary eligible to elect coverage.

However, the law also provides that your continuation coverage may be terminated for any of the following five reasons:

1. Employer no longer provides group health coverage to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You become covered by another group plan, unless the plan contains any exclusions or limitations with respect to any pre-existing condition you or your covered dependents may have;
4. You become entitled to Medicare;
5. You extend coverage for up to 29 months due to your disability and there has been a final determination that you no longer have a disability.

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage. There is a grace period of at least 30 days for payment of the regularly scheduled premium.

This law became applicable to Maricopa County beginning April 7, 1986. If you have any questions about the law, please contact the COBRA administrator. Please contact the EHI Benefit Office for contact information.

# HIPAA

On Aug. 21, 1996, a new federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA Public Law 104-191), was enacted. HIPAA changed the continuation coverage requirements under COBRA that apply to the Maricopa County plans. Generally, effective Jan. 1, 1997 (regardless of whether the qualifying event occurred before, on or after that date) under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to timely premium payments. Before HIPAA, this 18 month period could be extended for up to 11 months (for a total COBRA coverage period of up to 29 months from the initial qualifying event) if an individual was determined under the Social Security Act to have a disability at the time of the qualifying event and if the plan administrator was notified of that disability determination within 60 days of the determination and before the end of the original 18 month period.

Under the new law, if a qualified beneficiary is determined to have a disability under the Social Security Act at any time during the first 60 days of COBRA coverage, the 11-month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The individual with a disability can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11-month extension, affected individuals must still comply with the notice requirements in a timely fashion.

Furthermore, a child born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the HealthSelect Plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Maricopa County Employee Health Initiatives Division of the Total Compensation Department or the COBRA administrator of the birth or adoption.

In addition to changing some of the COBRA requirements, HIPAA restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally not effective until the contract year beginning after June 30, 1997. HIPAA coordinates COBRA coverage with these new limits as follows:

Under COBRA, your right to continuation coverage terminates if you become covered by another employer's group health plan that does not limit or exclude coverage for your pre-existing conditions. If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA continuation coverage cannot be terminated due to your new health plan coverage. However, if the other plan's pre-existing condition limitation rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the Maricopa County plan may terminate your COBRA coverage.

If you have any questions about the COBRA law, please contact the Maricopa County Employee Health Initiatives Division of the Total Compensation Department, 301 W. Jefferson St., Suite 201, Phoenix, AZ 85003, or the COBRA administrator. Also, if you have changed marital status or you or your spouse have changed address, please notify the COBRA administrator within 30 days.

# PRIOR AUTHORIZATION AND IN-PLAN NETWORK CHANGES

All care received by HealthSelect members must be provided by approved, contracted physicians, institutions, agencies and vendors. This rule is waived in the case of an emergency. Members may receive emergency care from any appropriate provider anywhere in the world.

**Please see the "Standard Benefits Summary" charts for the specific services/care that require prior authorization from HealthSelect and those services that do not require prior authorization. Services that require prior authorization will only be covered when prior authorization is received from CIGNA HealthCare before services are rendered.**

HealthSelect members who obtain routine, non-emergency care outside the approved provider network will be financially responsible for that care. Members may only use non-approved providers when in a medical emergency. In all other cases where care is provided outside the approved provider network, you must obtain prior authorization. HealthSelect and CIGNA HealthCare reserves the right to determine what constitutes medically necessary and emergency care according to descriptions included in this document. All emergency care delivered in an ER will result in a copayment. The copayment will be waived if admitted to the hospital for more than 23 hours.

HealthSelect reserves the right to change the authorization status of health care services upon 30 days' written notice to its subscribers.

# PROVIDER NETWORK

Members may call the CIGNA HealthCare Customer Service Department to choose a PCP if not indicated on the initial enrollment form. Members within a family may choose different PCPs. ***Members may change PCPs by notifying the*** CIGNA HealthCare Customer Service Department at 800-244-6224. You may change your PCP, for no cause, no more than four times per contract year.

# BENEFIT HIGHLIGHTS

| **HealthSelect** | **High Option** | **Low Option** |
|---|---|---|
| **Lifetime Maximum** | Unlimited | Unlimited |
| **Contract Year Deductible** | None | None |
| **Out-of-Pocket Maximum** | None | $5,000 Individual<br>$10,000 Family<br>Includes copays for inpatient hospital facility and outpatient facility |
| **Pre-Existing Condition Limitation `** | Not Applicable | Not Applicable |
| **Case Management** | Coordinated by CIGNA HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost-effective care while maximizing the patient's quality of life. | |
| **Prescription Drugs** | Provided by Walgreens Health Initiatives | |
| **Mental Health/Substance Abuse** | Provided by United Behavioral Health | |
| **Vision (refraction and spectacle lenses and frames or contact lenses)** | Provided by Avesis | |

# STANDARD BENEFITS SUMMARY

HealthSelect members are responsible for making copayments at the time service is received. It is not an accepted practice for providers to bill members for copayments. HealthSelect members should be prepared to make the copayment when they arrive at the service site**. Office visit copayments apply to any encounter, including an urgent care center visit, in which a physician, nurse practitioner, physician assistant, audiologist, audiology technician, optometrist or optometry technician cares for the member. All services must be medically necessary. HealthSelect requires copayments for the services listed below:**

| STANDARD BENEFITS | COPAYMENT | PRIOR AUTH. REQUIRED? |
|---|---|---|
| Office/Clinic Visit<br>Primary Care Physician/Nurse Practitioner/Physician Assistant Services | $10 copayment per visit High Option<br>$25 copayment per visit Low Option | No |

| STANDARD BENEFITS | COPAYMENT | PRIOR AUTH. REQUIRED? |
|---|---|---|
| Specialist Care Physician Services | $10 copayment per visit High Option<br>$45 copayment per visit Low Option | No, but visit must be referred by PCP |
| Well Baby, Well Child Care and Children's Periodic Health Exams | $10 copayment per visit High Option<br>$25 copayment per PCP visit Low Option<br>$45 copayment per Specialist visit Low Option | No, but if visit is to a Specialist, it must be referred by PCP |
| Well Adult or Well Woman Exam | $10 copayment High Option<br>$25 copayment per PCP visit Low Option<br>$45 copayment per Specialist visit Low Option | No |
| Hearing Exams | $10 copayment per visit High Option<br>$25 copayment per PCP visit Low Option<br>$45 copayment per Specialist visit Low Option | No, but if visit is to a Specialist, it must be referred by PCP |
| Hearing Aids<br>$500 Allowance per Contract Year | $10 copayment High Option<br>$45 copayment per visit Low Option | No, at contracted Hearing Center |
| Vision visit to Ophthalmologist (for medical conditions of the eye)<br>Does not cover routine refractions. | $10 copayment High Option<br>$45 copayment per visit Low Option | No, but if visit is to a Specialist, it must be referred by PCP |
| Eyewear Following Cataract Surgery | $0 copayment for High and Low Options<br>Limited to first pair | No, at contracted Vision Centers |
| Routine Pediatric Immunizations; Adult Immunizations (Flu, Pneumovax and Hepatitis B for high risk) | No additional copayment. Covered with doctor's office visit and copayment | No |
| Routine Injectables | No additional copayment. Covered with doctor's office visit and copayment | No |
| Surgical Services: Inpatient or Outpatient and Anesthesia | $0 copayment High Option<br>$250 copayment, then 10% for outpatient surgery Low Option<br>$500 copayment, then 10% for inpatient admission Low Option | Yes |
| Laboratory and Radiology (X-ray) Services, excluding scans | $0 copayment High Option<br>10% coinsurance for outpatient facility charges; no charge for outpatient professional charges; $0 copayment for independent X-ray and/or Lab facility, Low Option | No |
| MRI/MRA/PET/CT Scans | $25 copayment High Option<br>$100 copayment per procedure Low Option | Yes |
| Outpatient Rehabilitation Services: Physical Therapy, Cardiac Rehab, Speech Therapy & Occupational Therapy<br>60 visits combined maximum per Contract Year. | $10 copayment per visit High Option<br>$45 copayment per visit Low Option | Yes |
| Medical Social Worker and Health Education Services | $0 copayment for High Option<br>$0 copayment for Low Option | No |
| Durable Medical Equipment (DME) | $0 copayment High and Low Options<br>$2,000 maximum per Contract Year High Option<br>$3,500 maximum per Contract Year Low Option | Yes, through Walgreens Home Care<br>(Must meet Medicare criteria.) |

| STANDARD BENEFITS | COPAYMENT | PRIOR AUTH. REQUIRED? |
|---|---|---|
| External Prosthetics Appliances (EPA)* | $0 copayment High Option<br>$0 copayment after $200 EPA deductible Low Option<br>$2,000 maximum per Contract Year High Option<br>$1,000 maximum per Contract Year Low Option | Yes |
| Medical Supplies used with Home Health* | $0 copayment High or Low Option<br>Covered as part of approved home health service | Yes |
| Organ Transplants*<br>Includes all medically appropriate, non-experimental transplants<br>Office Visit<br><br>Inpatient Facility<br><br><br>Inpatient Physician's Services<br><br>Travel Maximum | <br><br><br>$0 copayment High or Low Option<br><br>$0 copayment High Option<br>10% coinsurance after $500 per admission copayment<br>$0 copayment High or Low Option<br><br>$10,000 per lifetime maximum High or Low Option<br><br>Services must be provided by a CIGNA LifeSource facility | Yes |
| Chemotherapy | $0 copayment High Option<br>$45 copayment Low Option | Yes |
| Dialysis | $0 copayment High Option<br>$0 copayment Low Option | Yes |
| Podiatry Services* | $10 copayment per visit High Option<br>$45 copayment per visit Low Option<br>Routine foot care is not covered | Yes |
| Home Health Agency Skilled Services*<br><br>Unlimited maximum per Contract Year | $0 copayment High or Low Option<br>Covered through a contracted Medicare-certified home health agency | Yes<br>(Must meet Medicare criteria.) |
| Hospice Services: Inpatient or Outpatient | $0 copayment High Option<br>10% coinsurance for inpatient services and $0 copayment for outpatient services Low Option<br>Covered by a contracted Medicare-certified hospice | Yes |
| Mammograms | $0 copayment High or Low Option. The associated wellness exam is subject to the PCP or Specialist per office visit copayment. | No |
| Prostate Cancer Screening | $0 copayment High or Low Option. The associated wellness exam is subject to the PPC or Specialist per office visit copayment. | No |
| Annual Pelvic Exam and/or Pap Smears | $0 copayment High or Low Option. The associated wellness exam is subject to the PCP or Specialist per office visit copayment. | No |
| Prenatal Care; Delivery | $0 per prenatal care visit after initial visit to confirm pregnancy High or Low Option<br>$0 copayment for delivery High Option<br>10% coinsurance after $500 per admission copayment for delivery Low Option | Yes<br>(Global prior authorization needed for prenatal visit package.) |

| STANDARD BENEFITS | COPAYMENT | PRIOR AUTH. REQUIRED? |
|---|---|---|
| Family Planning<br>Office Visit (tests, counseling)<br><br>Surgical Sterilization Procedures for Vasectomy/Tubal Ligation (excludes reversals)<br>Inpatient Facility<br><br><br>Outpatient Facility | <br>$10 copayment per visit High Option<br>$25 copayment per PCP visit Low Option<br>$45 copayment per Specialist visit Low Option<br><br>$0 copayment High Option<br>10% coinsurance after $500 per admission copayment Low Option<br>$0 copayment for High Option<br>10% coinsurance after $250 per visit copayment Low Option | No<br><br><br><br><br><br>Yes |
| Infertility Diagnosis and Corrective Treatment<br>Testing and treatment services performed in connection with an underlying medical condition.<br>Testing performed specifically to determine the cause of infertility.<br>Treatment and/or procedures performed specifically to restore fertility<br>Artificial Insemination<br>Excludes in-vitro, GIFT, ZIFT, etc.<br>Office Visit<br><br><br><br>Surgical Procedures | <br><br><br><br><br><br><br><br>$10 copayment per visit High Option<br>$25 copayment per PCP visit Low Option<br>$45 copayment per Specialist visit Low Option<br>Place of service copayment applies to facility charge for High and Low Option.<br>50% coinsurance applies to physician's charges for treatment/surgery Low Option | No for Office Visit;<br>Yes for Surgical Procedures |
| Allergy Testing, Treatment and Injections | $10 copayment per visit High Option<br>$45 copayment per Specialist office visit Low Option | No |
| Allergy Serum dispensed by the physician in the office | $0 copayment High or Low Option | |
| Second Medical Opinion | $10 copayment per visit High Option<br>$25 copayment per PCP visit Low Option<br>$45 copayment per Specialist visit Low Option | Yes |
| Inpatient, Acute, Medical Hospital Facility Services | $0 copayment per admission High Option<br>10% coinsurance after $500 per admission copayment, Low Option | Yes |
| Inpatient Hospital Physician's Visits/Consultations | $0 copayment High or Low Option<br>See "Infertility Diagnosis and Corrective Treatment" for additional charges for Low Option. | No |
| Inpatient Hospital Professional Services<br><br>Surgeon, Radiologist, Pathologist, Anesthesiologist | $0 copayment High or Low Options<br>See "Infertility Diagnosis and Corrective Treatment" for additional charges for Low Option. | No |
| Outpatient Medical Hospital Facility Services<br><br>Operating Room, Recovery Room, Procedure Room and Treatment Room | $0 copayment High Option<br>10% coinsurance after $250 per visit copayment Low Option | Yes |

| STANDARD BENEFITS | COPAYMENT | PRIOR AUTH. REQUIRED? |
|---|---|---|
| Outpatient Professional Services<br><br>Surgeon, Radiologist, Pathologist, Anesthesiologist | $0 copayment High or Low Option | No |
| Skilled Care Facility, Rehabilitation Hospital and Sub-Acute Facilities Services<br>60 days combined maximum per Contract Year | $0 copayment High Option<br>10% coinsurance Low Option | Yes |
| ER Services | $50 copayment High Option<br>$100 copayment Low Option<br>Copayment waived upon hospital admission greater than 23 hours. If not a true emergency, services are not covered. | No |
| Ambulance | $0 copayment High or Low Option for emergent transport. If not a true emergency, services are not covered. | No |
| Urgent Care Facility Services | $25 copayment per visit High Option<br>$50 copayment per visit Low Option<br>If not urgent, services are not covered. | No |
| Health Education* | Smoking cessation class at MMC $5 copayment; reimbursement of up to $30 for asthma education, hypertension education, diabetes education. Smoking cessation classes received from non-profit organizations. | No |

*See the section "Additional Description of Benefits" for details.

# SUPPLEMENTAL BENEFITS SUMMARY

**Note**: Chiropractic care, alternative medicine and weight loss/nutrition counseling services are only available from HealthSelect contracted providers. These services are subject to availability.

| SUPPLEMENTAL BENEFIT | COVERAGE STATUS | PRIOR AUTH. REQUIRED? | HOW TO ACCESS SERVICES |
|---|---|---|---|
| Chiropractic Care | • 12 visits per Contract Year<br>• No additional chiropractic services covered beyond 12 visits<br>• $10 copayment per visit High Option<br>• $45 copayment per visit Low Option<br>• Limit of two X-rays per Contract Year. Member will be responsible for charges beyond covered benefit limitation | No | Direct Access<br><br>PCP Referral **NOT** Required |
| Alternative Medicine* | • 12 visits per Contract Year<br>• $60 credit for supplies prescribed by alternative medicine provider (to obtain credit)<br>• $5 copayment per visit High and Low Options<br>• Member will be responsible for charges beyond covered benefit limitation | No | Direct Access<br><br>PCP Referral **NOT** Required |
| Weight Loss/Nutrition Counseling* | • HealthSelect members have direct access to selected network specialist and can visit any internal medicine or family practice physician for weight loss counseling<br>• $10 copayment per visit* High Option<br>• $45 copayment per visit Low Option | No | Direct Access<br><br>PCP Referral **NOT** Required |

*See the section "Additional Description of Benefits" for details.

# PRIOR AUTHORIZATION LIST

| | |
|---|---|
| ***Applies to:*** | In-Network and Out-of-Network<br>All places of service<br>All specialties (unless others required by state mandates) |
| ***NO PRECERTIFICATION REQUIRED for:*** | EMERGENCY and URGENT care services;<br>Outpatient Facility Services by a Participating Provider unless the service is listed below; and<br>Chiropractic Services, Occupational/Physical Therapy – the first 12 visits |
| **Please note the need to obtain a prior authorization number for Out-of-Network services. The items below require prior authorization even when provided in-network. Prior authorization may be obtained by calling 800-558-4314.** | |
| **All** Dental - Treatments and Procedures: | Including, but not limited to:<br>• Orthognathic procedures<br>• Procedures to treat injury to sound natural teeth |
| Devices: | • Cochlear implants<br>• Insulin pumps |
| Diagnostics (Elective) | • MRI, CT and PET Scans – authorization and payment through CIGNA |
| DME | • DME – through WHI |
| Home Health and Infusion Services: | • Home Health Care – through professional nursing staffing services<br>• Infusion – through Option Care |
| Inpatient | • Elective admissions<br>• Urgent/Emergent admissions (post access to care)<br>• Skilled nursing facilities<br>• Rehab facilities<br>• Hospice facilities<br>• Transfers between facilities |
| Level of Care: | • Observation stays, excluding false labor for undelivered obstetric patients |
| Medical - Treatments and Procedures | • Tonsillectomy<br>• Uvulopharyngopaletoplasty (UPPP)<br>• Cosmetic procedures<br>• Varicose veins, treatment of<br>• Hysterectomy |
| Medications: | ▪ Injectable medications provided in the doctor's office may require authorization; please contact CIGNA's Prior Authorization Department<br>▪ Self-injectable and drugs obtained through retail pharmacy – contact WHI |
| Orthotics and Prosthetics | • External Prosthetic Appliances & orthotics through Hanger O&P and Pongratz |
| Other: | • Services provided by a nonparticipating physician or provider<br>• Cosmetic<br>• Experimental and Investigational services or procedures |
| Specialist Referrals (In-network) | • Prior authorization is not required. However, a referral from the PCP is necessary and must kept in the PCP's and the Specialist's chart.<br>• A script or referral form may be used. The referral may be faxed or hand-carried by the member. The referral is only between the PCP and the Specialist; CIGNA is NOT involved.<br>• Ortho, neurology and podiatry physicians may refer directly for PT/OT/ST.<br>• OB/GYN physicians notify CIGNA HealthCare upon diagnosis of pregnancy to initiate enrollment in the CIGNA HealthCare Healthy Babies® prenatal program. |
| Therapies: | • Acupuncture – first 12 visits do not require authorization<br>• Biofeedback – authorization required prior to first visit<br>• Chiropractic services – first 12 visits do not require authorization<br>• Speech therapy – authorization required prior to first visit<br>• Physical and occupational therapy – first six visits do not require authorization<br>• Pulmonary and cardiac rehabilitation – authorization required prior to the first visit |
| Transplants | • Provided through CIGNA LifeSource network |

# CONDITIONS OF PARTICIPATION AND BENEFIT COVERAGE

In order for HealthSelect to pay for a medical benefit, the provider and/or member must meet the following three conditions of participation:

1. The provider must be approved by HealthSelect, except in an urgent situation outside Maricopa County or in an emergency situation. In the latter case, any emergency provider can be used without prior approval or authorization from the health plan. Emergency or urgent care provided by a non-contracted physician, urgent care center or ER will be paid at HealthSelect's standard contract rates or at provider's billed charges, whichever is lower. If HealthSelect's standard payment is lower than billed charges, the HealthSelect member may be billed by the provider for the difference.
2. The care and/or service must meet the following definition of **MEDICAL NECESSITY and meet Medicare criteria:**
   - Prevent disease, disability and other adverse health conditions or their progression, or to prolong life.
     ***Medical necessity is established if:***
     - The disease or condition considered for treatment is one in which the safety and effectiveness of the proposed therapy has been demonstrated and documented, and
     - The stage of disease or condition is such that therapy can affect the outcome in a positive manner, and
     - The recipient of care has no other conditions that substantially reduce the potential for successful recovery.

3. The care, service and/or treatment must be within the accepted standards of care or practice within the health care community, be a reasonable method for treating the member's health problem(s) and not be experimental or investigational in nature. Medical research findings, government approval and/or professional standards of practice are used by CIGNA HealthCare to apply, define and justify this condition of participation.

# ADDITIONAL DESCRIPTION OF BENEFITS

| | |
|---|---|
| **Air Ambulance** | Air ambulance that does not originate from the scene of an accident requires prior authorization. Air ambulance from one facility to another also requires prior authorization. |
| **Alternative Medicine** | Benefits include only the following: Acupuncture, homeopathy and osteopathic manipulation/craniosacral therapy when provided by a participating provider. The contracted alternative medicine provider must order alternative medicine supplies. Members must send a copy of the doctor's order/prescription along with the paid receipt for the supply item(s) to the Employee Health Initiatives Division, 301 W. Jefferson St., Suite 201, Phoenix, AZ 85003 within six months from the date of service in order to be reimbursed. |
| **Emergency Room Services** | The copayment is waived if the HealthSelect member is admitted to a hospital directly from the ER. Admission to a hospital's observation unit (up to 23 hour short stay) does not constitute an admission to the hospital and the member must pay the copayment. |
| **Family Planning Services** | Voluntary family planning services include physical exams, office visits and routine laboratory tests. Contraceptive devices/drugs that are covered include IUDs, Depo-Provera, diaphragms and birth control pills. Condoms and spermicidal foam are not covered, as they are over-the-counter birth control items. Voluntary surgical sterilization for men and women is covered but reversal of a sterilization technique is not covered.<br><br>Infertility services are covered for office visits, examinations, laparoscopy and hysterosalpingogram, but not for subsequent treatments or medications.<br><br>**HealthSelect does not cover in-vitro fertilization, gamete transfer, zygote transfer or infertility medications, injections or supplies.** |
| **Health Education Services** | Health education classes (in smoking cessation, asthma education, diabetes education and hypertension only) that are presented by non-profit health agencies and institutions in Maricopa County will be covered by HealthSelect. The member must pay the fees for the program. HealthSelect will reimburse the member for the registration fees up to $30 upon proof of payment and successful completion of the program. A smoking cessation class is offered by the MMC Cardiac Rehab Clinic upon PCP referral. |

| | |
|---|---|
| **Hepatitis B Immunization** | Members who work in health care facilities and perform direct patient care or work with body fluids are eligible for this immunization through their employer. All other at-risk members can receive this immunization from their PCP and it will be paid for by HealthSelect. |
| **Home Health Agency Skilled Services** | Only those home health care services provided by a contracted Medicare-certified home health agency are eligible for coverage under HealthSelect. Attendant, homemaker and related non-health care services available through home health agencies or community-based agencies for assistance in activities of daily living in the home are not covered. Any service that is custodial (non-skilled) in nature or designed to maintain the patient's current health and functional status in the home is not covered by HealthSelect. |
| **Organ Transplants** | Cornea, kidney, heart, lung, liver and bone marrow transplants will be covered by HealthSelect if the member meets all transplant candidate criteria and the procedure is not deemed experimental or investigational within the medical community and by federal and/or professional agencies, institutions or other standard-setting bodies. All conditions of participation apply to organ transplants. The member may be required to use a special network for certain transplants.<br><br>**HealthSelect does not cover the cost of donor searches.**<br><br>HealthSelect will cover all reasonable and necessary organ bank fees. HealthSelect reserves the right to determine what is medically reasonable and necessary. |
| **Podiatry Services** | **HealthSelect does not cover routine foot care services.** The member must have a medically diagnosed health problem that, if left untreated, would result in loss of function of the lower limbs in order for podiatry services to be covered. |
| **Prosthetic and Orthotic Supplies** | HealthSelect sets a $2,000 limit per benefit contract year. Requests must meet medically necessary criteria. Orthotics must be part of a brace. See “Exclusions and Limitations” below for more information. |
| **Weight Loss Counseling** | HealthSelect members have direct access to selected network specialists and can visit any network internal medicine, family practice or pediatric physician for weight loss counseling. The physician will work with you to develop a non-surgical weight loss plan and can provide you with a referral to a network nutritionist. CIGNA HealthCare Customer Service Department can provide a list of contracted physicians specializing in weight loss counseling. PLEASE NOTE: HealthSelect does not cover any surgical treatment for obesity. |

# EXCLUSIONS AND LIMITATIONS

Any services not provided or arranged by an approved contracted physician or health care provider or approved in advance by HealthSelect or CIGNA HealthCare (except for urgent care services outside Maricopa County or emergency care at any location) are not covered by HealthSelect. The conditions of participation previously described in this HealthSelect Summary Plan Document must be fulfilled in order for HealthSelect to cover a benefit, service or health care.

HealthSelect does not cover the following services:

1. Care for health conditions that are required by state or local law to be treated in a public facility.
2. Care required by state or federal law to be supplied by a public school system or school district.
3. Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
4. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this plan document.
5. Assistance in the activities of daily living, including, but not limited to, eating, bathing, dressing or other custodial services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
6. Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the medical director to be not demonstrated, through existing peer-reviewed, evidence-based scientific literature, to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration or other appropriate regulatory agency to be lawfully marketed for the

proposed use; or the subject of review or approval by an institutional review board for the proposed use, except as provided in the "Clinical Trials" section.

7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Dental treatment of teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50 percent bony support and are functional in the arch.
9. Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, including clinically severe (morbid) obesity, including medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision. Weight loss counseling for non-surgical treatment of obesity is a covered service.
10. Reports, evaluations, physical examinations or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses and court-ordered, forensic or custodial evaluations.
11. Court ordered treatment or hospitalization, unless such treatment is being sought by a participating physician or otherwise covered.
12. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs is also excluded from coverage.
13. Reversal of male and female sterilization procedures.
14. Transsexual surgery, including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
15. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anogasmia and premature ejaculation.
16. Medical and hospital care and costs for the infant child of a dependent, unless this infant child is otherwise eligible under this document.
17. Non-medical counseling or ancillary services, including, but not limited to custodial service, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, return-to-work services, work hardening programs, driving safety; and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
18. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including, but not limited to, routine, long-term or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
19. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to, bandages and other disposable medical supplies and skin preparations, except for inpatient hospital services, outpatient facility services, home health services or breast reconstruction.
20. Private hospital rooms and/or private duty nursing unless determined to be medically necessary by the medical director.
21. Personal or comfort items such as personal care kits provided on admission to a hospital or skilled nursing facility, television, telephone, newborn infant photographs, complimentary meals, birth announcements and other articles which are not for the specific treatment of illness or injury.
22. Artificial aids, including but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
23. Aids or devices that assist with non-verbal communications, including, but not limited to, communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants, Braille typewriters, visual alert systems for the deaf and memory books.
24. Eyeglass lenses and frames and contact lenses (except for the first pair for treatment of keratoconus or post-cataract surgery).
25. All non-injectable prescription drugs, non-prescription drugs and investigational and experimental drugs.
26. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
27. Membership costs or fees associated with health clubs and weight loss programs.

28. Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
29. Dental implants for any condition.
30. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where, in the medical director's opinion, the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
31. Blood administration for the purpose of general improvement in physical condition.
32. Cost of biologicals that are immunizations or medications for the purpose of travel or to protect against occupational hazards and risks.
33. Cosmetics, dietary supplements and health and beauty aids.
34. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
35. Expenses incurred for medical treatment by a person age 65 or older who is covered under this document as a retiree, or his dependents, when payment is denied by the Medicare plan because treatment was not received from a participating provider of the Medicare plan.
36. Expenses incurred for medical treatment when payment is denied by the primary plan because treatment was not received from a participating provider of the primary plan.
37. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
38. Telephone, e-mail and Internet consultations and telemedicine.
39. Massage therapy.
40. Circumcision, except for newborns within 30 days of birth or related to organic disease.
41. Medical services provided to a member or eligible dependent who is an inmate of, or in the custody of, a public institution.
42. Physical and occupational therapy and/or speech pathology services prescribed as a maintenance regimen.
43. Pulmonary rehabilitation.
44. Cochlear device implant. Repairs to an existing implant are covered.
45. Aquatic therapy.
46. Implantable artificial urinary sphincter.
47. Durable Medical Equipment that does not meet Medicare criteria.
48. Additional visits beyond the benefit limit.
49. Christian Science practitioners' services
50. Temporomandibular joint services.
51. Health care and delivery costs for a natural mother whose infant is being adopted by a HealthSelect subscriber.
52. Hospice services not provided through a Medicare-certified hospice.
53. Factor 8 injections.
54. Full-time nursing care in the home and private duty nursing in a health care institution. Home nursing care must meet Health Care Financing Administration (HCFA) home health rules and regulations.
55. Routine health care services, convalescent services, home health services, rehabilitation services and any other non-emergency or non-urgent care or service provided outside Maricopa County, unless prior authorization provided by HealthSelect.
56. Breast reduction, enlargement, or enhancement except for reconstructive surgery post-mastectomy.
57. More than one contraceptive drug implant or more than one removal of the contraceptive drug implant in any five-year period, unless the procedure is determined to be medically necessary and approved by HealthSelect.
58. Care of a subscriber's newborn dependent is not covered after 30 days of life unless the child has been enrolled in HealthSelect and the appropriate premium from the date of birth has been paid. Any lapse in coverage between the 30$^{th}$ day of life and the effective enrollment date with HealthSelect is the subscriber's responsibility.

# HEALTHSELECT WELLNESS INCENTIVE AWARDS

## *Health club attendance*

After enrollment, members who pay membership dues at a health club or gym and workout at least eight times a month for six consecutive months are eligible to receive a $75 gift card every six months. Information included on the wellness incentive form must be accurate and verifiable by EHI.

**How it works:** Use the wellness incentive form, called the Health Club Attendance Certificate, located in the "Summary Plan Document" or print it from the Maricopa County Electronic Business Center (EBC) Intranet. Fill out the member and health club information at the top of the form. When you visit the health club for your workout, have a staff member sign and date the corresponding boxes. When all six consecutive months have been completed (minimum of eight workouts per month), make a copy of the form for your records and submit the original to EHI, which will process your $75 gift card once your record of attendance has been verified with your health club or gym.

## *Childhood immunizations*

Members who take their children to a HealthSelect contracted physician to obtain the recommended childhood immunizations for their covered children (ages 0-2) are eligible to receive a $30 gift card. Information included on the form/certificate must be accurate and verifiable by EHI.

**How it works:** Have your HealthSelect contracted physician sign and date the immunization certificate when your child's immunizations are completed for his/her birth year. Submit the completed certificate to EHI. Once the information has been verified with your child's physician, your $30 gift card will be processed.

## *Wellness screenings*

Members who visit a HealthSelect contracted physician to complete the following wellness screenings are eligible to receive a $30 gift card. The gift cards are limited to one of each type of screening per member, per benefit year:

- **Pap smear test** (women 18 and older)
- **Mammogram** (women 40 and older)
- **Annual physical exam** (males age 40 and older)

**How it works:** Have your HealthSelect contracted physician sign and date the Wellness Screening Certificate when you complete each screening. Use a separate form for each screening. Submit the completed Wellness Screening Certificate to EHI. Once the information has been verified with your physician's office, your $30 gift card will be processed.

## *Health education classes*

Members who have a specific health condition (asthma, diabetes, etc.) or wish to stop smoking can attend a health education class or a smoking cessation program to improve their health status. The class(es) can be sponsored by a Maricopa County/MIHS entity or a non-profit agency. Members who successfully complete the class(es) are eligible to receive a $30 gift card.

**How it works:** Have the class presenter fill out the information on the Wellness Activities Certificate of Completion, including his/her name and start and end dates of the class. When the certificate is completed, submit it to EHI n. Once the information has been verified with the agency/presenter of the class, your $30 gift card will be processed.

If you have any questions about the HealthSelect Wellness Incentive Program or need additional copies of the forms, please call EHI at 602-506-1010. The address is 301 W. Jefferson St., Suite 201, Phoenix, AZ 85003.

# HealthSelect

# 2005 Health Club Attendance Certificate

HealthSelect Member Name | Member I.D. Number

Member Address | City/State Zip | Phone Number

Name of Health Club | Phone Number

**MEMBER:** Please ensure the information submitted on the certificate is accurate. HealthSelect must verify this workout schedule with your health club.

**HEALTH CLUB STAFF:** Please sign and date to signify completion of each workout by the member.

**CALENDAR MONTH 1**

| Workout 1 | Workout 2 | Workout 3 | Workout 4 | Workout 5 | Workout 6 | Workout 7 | Workout 8 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**CALENDAR MONTH 2**

| Workout 1 | Workout 2 | Workout 3 | Workout 4 | Workout 5 | Workout 6 | Workout 7 | Workout 8 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**CALENDAR MONTH 3**

| Workout 1 | Workout 2 | Workout 3 | Workout 4 | Workout 5 | Workout 6 | Workout 7 | Workout 8 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**CALENDAR MONTH 4**

| Workout 1 | Workout 2 | Workout 3 | Workout 4 | Workout 5 | Workout 6 | Workout 7 | Workout 8 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**CALENDAR MONTH 5**

| Workout 1 | Workout 2 | Workout 3 | Workout 4 | Workout 5 | Workout 6 | Workout 7 | Workout 8 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**CALENDAR MONTH 6**

| Workout 1 | Workout 2 | Workout 3 | Workout 4 | Workout 5 | Workout 6 | Workout 7 | Workout 8 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**SUBMIT THIS COMPLETED CERTIFICATE TO:**

Employee Health Initiatives Division
Benefits Office
301 W. Jefferson St., Suite 201
Phoenix, AZ 85003

Once the information on your workout schedule has been verified with your health club, you are eligible to receive the HealthSelect $75 gift card. You may receive additional forms by contacting EHI at 602-506-1010.

# HealthSelect

# 2005 Wellness Activities Certificate of Completion

**MEMBER:** Please ensure that information below is accurate. Information will be verified with the applicable physician's office, wellness educator or non-profit smoking cessation agency.

| HealthSelect Member Name | | Member I.D. Number | |
|---|---|---|---|
| Member Address | City/State | Zip | Phone Number |
| Name of Physician | | | Phone Number |

**PHYSICIAN:** Please sign and date to certify member's completion of the wellness activities.

***Pap smear test for women age 18 and older***

Signature of Physician or X-ray Technician — Date of Procedure

***Mammogram for women age 40 and older***

Signature of Physician or X-ray Technician — Date of Procedure

***Annual physical exam for men age 40 and older***

Signature of Physician or X-ray Technician — Date of Procedure

**HEALTH EDUCATOR OR SMOKING CESSATION COORDINATOR (MIHS OR NON-PROFIT AGENCY):** Complete the information below to confirm member's successful class completion. Class must address member's health status (family members who attend for support are not eligible for an incentive).

Agency Name/Signature — Contact Name/Phone # — Date Program Completed

**SUBMIT THIS COMPLETED CERTIFICATE TO:**

Employee Health Initiatives Division
Benefits Office
301 W Jefferson St., Suite 201
Phoenix, AZ 85003

Once the submitted information has been verified, you are eligible for a $30 gift card for each of the wellness activities documented. You may receive additional forms by contacting EHI at 602-506-1010.

# HealthSelect

# 2005 Childhood Immunization Certificate of Completion

| | | |
|---|---|---|
| HealthSelect Member Name | Member I.D. Number | |
| Child's Name | Child's Birth date | |
| Member Address | City/State Zip | Phone Number |
| Name of Physician | | Phone Number |

***To be eligible to receive this incentive, your covered child must be between the ages of 0 and 2.***

**The information on this certificate will be verified with the physician's office.**

**PHYSICIAN:** Please sign and date to indicate that the above named child has received all of the recommended immunizations for his/her age during calendar year 2005.

*I certify that the child named above is 2 years old or younger and has received all of the recommended immunizations for calendar year 2005.*

Signature of Physician Date

**SUBMIT THIS COMPLETED CERTIFICATE TO:**

Employee Health Initiatives Division
Benefits Office
301 W Jefferson St., Suite 201
Phoenix, AZ 85003

Once the submitted information has been verified, you will be eligible for a $30 gift card for making the healthy decision to see that your child's immunizations are up to date. You may receive additional forms by contacting EHI at 602-506-1010.